

RGEN\_ID\_SEQ# **213341****BOARD OF PAARP**LICENSE NUMBER 20 REGISTERED WITH MT SEC OF STATENAME OF APPLICANT NEW HORIZONS YOUTH RANCH INC.DATE RECEIVED 1/11/2010 DATE APPLICATION EXPIRES \_\_\_\_\_Other Names Known As or DBA: DEP #357306 5/5/2002 RECEIVED \$500 AND \$260 COMPLETED APPLICATION**APPLICATION** FEES RECEIVED 360

REGISTRATION FEE - 0-10 \$1,080.00  
 REGISTRATION FEE - 11-25 \$2,780.00  
 REGISTRATION FEE - 26-50 \$5,210.00  
 REGISTRATION FEE - 51-100 \$8,520.00

LICENSE FEE - 0-10 \$270.00  
 LICENSE FEE - 11-25 \$695.00  
 LICENSE FEE - 26-50 \$1,300.00  
 LICENSE FEE - 51-100 \$2,130.00

Programs with 101 and more participants must contact the board for current information on the average daily census.

 OWNERS LISTED EMPLOYEES LISTED PLAN OF OPERATION INCLUDED

ACCREDITING ENTITY \_\_\_\_\_

**OTHER REQUIREMENTS** PERSON IN CHARGE Background CheckTHOMAS E. HARRELL**LICENSE HISTORY** LICENSE VERIFICATION RECEIVED

LIST STATE OR STATES LICENSED

**LEGAL ACTION** STATE DISCIPLINARY ACTION MISCELLANEOUS COURT DOCUMENTS OTHER**PERSONNEL INFORMATION** PERSONAL HEALTH ISSUES IMPAIRMENT ISSUES

OTHER

 BOARD LETTERS TO APPLICANT**CORRESPONDENCE**

DATE COMPLETE \_\_\_\_\_

DATE GIVEN TO PM \_\_\_\_\_

APPLICATION REVIEWED BY \_\_\_\_\_ INITIALS AND DATE \_\_\_\_\_

APPLICATION REVIEWED BY \_\_\_\_\_

BOARD APPROVAL AND DATE

APPROVED \_\_\_\_\_

INITIALS AND DATE

 DATA COMPLETED IN COMPUTERWALL CERTIFICATE AND LICENSE SENT 

**OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)**

**PO Box 200513**

Montana 5962

-2392 or (406) 841-2369 FA

PHONE (406) 841-2520 or (406) 841-2509 FAX (406) 841-2505  
EMAIL: [dlhbsdnap@mt.gov](mailto:dlhbsdnap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>

EMAIL: [ulbsdpap@mit.gov](mailto:ulbsdpap@mit.gov) WEBSITE: <http://www.papd.p.mit.gov>

RECEIVED  
JAN 11 REC'D  
HCLB

**PROVISIONAL & LICENSING REGISTRATION (Include copies of all requested documentation)**

AVERAGE DAILY CENSUS:  0-10 Participants  11-25 Participants  26-50 Participants  
 51-100 Participants  101+ Participants

1. BUSINESS ENTITY:  Sole Proprietorship  Partnership  Other \_\_\_\_\_  
 Limited Liability  Professional Corporation  Non-Professional Corporation

2. BUSINESS STATUS:  Non-Profit  For Profit  In-State  Out-of-State

If the Business is incorporated out-of-state, list the state of incorporation

**Please provide the address of your Corporate Headquarters**

3. DATE BUSINESS ESTABLISHED 1999 Registered in Montana with the Secretary of State?  Yes  No

4. BUSINESS ENTITY NAME New Horizons Youth Ranch Inc.

5. FEDERAL TAX ID # OR SOCIAL SECURITY #

6. BUSINESS PHYSICAL ADDRESS 6442 west Kootenai road, Rexford, Mt. 59930

7. BUSINESS MAILING ADDRESS same

8 BUSINESS TELEPHONE NUMBER 406-889-5996 FAX 406-889-5996

9 BUSINESS EMAIL ADDRESS mail@newhorizonsyouth.com

10 BUSINESS WEB SITE: [www.newhorizonsyouth.com](http://www.newhorizonsyouth.com)

---

Would you like your website address listed on the Montana Board of Private Adolescent Residential or Outdoor Programs Website?  Yes  No

For the individual named in Question number 12. (person responsible for the conduct of the program), and each current professional and supervisory employee listed in your answer to Question number 13, please list the following: **(Please use the "Individual Employee Report Form" (Page 7) for each person named in question #12 and 13).**

a. List all other professional licenses (other than your original state of licensure) that the listed individuals have held and that have been current (whether active or inactive) at any time during the past five (5) years. If you need additional space, you may attach a separate sheet of paper. **Failure to list all licenses active or inactive during the previous five years constitutes a falsification of your application and will result in a denial of your application and/or disciplinary action.**

b. For each individual, professional or supervisory personnel referenced in your answers, indicate whether a licensing agency has ever taken adverse or disciplinary action against the listed person's license. (For each person listed above and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)  Yes  No

c. For each individual, professional or supervisory personnel referenced above, indicate whether he/she has ever voluntarily surrendered, cancelled forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint, during an investigation or during disciplinary proceedings. (If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)  Yes  No

d. Has any legal or disciplinary action been filed against a person/individual referenced above, (including malpractice, etc.)? If yes attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.  Yes  No

14. Please list whether your program/facility is accredited/certified/licensed/registered; including registration or licensing through another state agency in Montana.

Name of Accrediting/Certifying/Licensing/ Registering Agency	Designation	Date Granted or Re-certified	Current
None			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Please list whether your business entity/program is or has been licensed in another state. List all other professional licenses (other than your original state of licensure) that the listed business entity/program has held and that has been current (whether active or inactive) at any time during the past five (5) years.

Business Name of Program	State in which licensed	Date of licensure	Type of License	License number
None				

16. Has a licensing agency ever taken adverse or disciplinary action against your business entity license? (For each person listed in 12. or 13., and where the answer is "yes" attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)

Yes  No

17. Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

18. Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

19. Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.

[REDACTED]

20. Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.

[REDACTED]

21. Has the person in charge of this business who is listed on this application ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.

[REDACTED]

22. Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.

Yes  No

23. Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

24. Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. [REDACTED]

25. Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

26. Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.  Yes  No

27. Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No

28. Does this business or the person in charge of this business who is listed on this application have any criminal charges pending or has this business or the person in charge of this business ever pled guilty, forfeited bond, or been convicted of a crime (whether or not sentence was suspended or deferred), or has this business ever pled no contest or had prosecution deferred whether or not an appeal is pending? If yes, attach a detailed explanation and documentation from the source. You must report but may omit documentation for: (1) misdemeanor traffic violations resulting in fines of less than \$100; and (2) charges or convictions prior to your 18th birthday unless you were tried as an adult.  Yes  No

29. Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. [REDACTED]

30. Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. [REDACTED]

31. Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. [REDACTED]

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL  
OR OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)  
PO Box 200513  
Helena, Montana 59620-0513  
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305  
EMAIL: [dlibsdpap@mt.gov](mailto:dlibsdpap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>**

**INDIVIDUAL EMPLOYEE REPORT FORM**

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name Thomas E. Harsell

Position Program Director

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Contractor's	California	inactive	2001
Contractor's	Montana	Active	1995 thru Current

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

Yes  No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

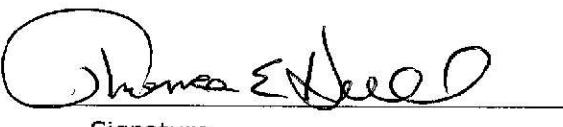
Yes  No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Yes  No

  
Signature

1/5/10  
Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL  
OR OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)  
PO Box 200513  
Helena, Montana 59620-0513  
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305  
EMAIL: [dlibsdpap@mt.gov](mailto:dlibsdpap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>**

**INDIVIDUAL EMPLOYEE REPORT FORM**

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name

*Rose M. Harrell*

Position

*Assistant Program Director*

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

Yes  No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes  No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

*Rose M. Harrell*

Signature

*1/5/2010*

Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL  
OR OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)  
PO Box 200513  
Helena, Montana 59620-0513  
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305  
EMAIL: [dlibsdpap@mt.gov](mailto:dlibsdpap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>**

**INDIVIDUAL EMPLOYEE REPORT FORM**

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name Jeffrey Scogin

Position Counselor

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
<u>under supervision w/ licensed SW</u>			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

Yes  No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes  No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Jeffrey Scogin  
Signature

1-5-10  
Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL  
OR OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)  
PO Box 200513  
Helena, Montana 59620-0513  
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305  
EMAIL: [dlibsdpap@mt.gov](mailto:dlibsdpap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>**

**INDIVIDUAL EMPLOYEE REPORT FORM**

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name

Travis Andrew Harrell

Position

Case Manager

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
N/A			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

Yes  No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes  No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Yes  No

Travis Harrell  
Signature

1/5/2010  
Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL  
OR OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)  
PO Box 200513  
Helena, Montana 59620-0513  
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305  
EMAIL: [dlibsdpap@mt.gov](mailto:dlibsdpap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>**

**INDIVIDUAL EMPLOYEE REPORT FORM**

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name Jeanne Montoya

Position Aid

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Painting contractor	Mont.	Active	May 03 until present

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

Yes  No

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes  No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

Jeanne Montoya  
Signature

16/10  
Date

**MONTANA BOARD OF PRIVATE ALTERNATIVE ADOLESCENT RESIDENTIAL  
OR OUTDOOR PROGRAMS  
(301 S PARK, 4TH FLOOR - Delivery)  
PO Box 200513  
Helena, Montana 59620-0513  
PHONE (406) 841-2392 OR (406) 841-2369 FAX (406) 841-2305  
EMAIL: [clibsdpap@mt.gov](mailto:clibsdpap@mt.gov) WEBSITE: <http://www.paarp.mt.gov>**

**INDIVIDUAL EMPLOYEE REPORT FORM**

Please use this form in answering #12 and #13, (a), (b), (c), and (d) on page 5 of the application for **each employee and the person-in-charge of the program**. Please make copies as needed and attach to application.

Employee Name

David Gillard (Middle-Gerald)

Position

Teacher / Education Coordinator

a. Professional licenses held (active or inactive) at any time during the past five (5) years.

TYPE OF LICENSE	STATE OF LICENSE	ACTIVE/INACTIVE/EXPIRED	DATE OF LICENSE AND EXPIRATION
Class 2 Level 8	Montana	Active	D.O.L 7/1/2008 DOE 6/30/2013
Folio # 77019			

b. Has a licensing agency ever taken adverse or disciplinary action against your license(s)?

If "yes" please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

Yes  No

c. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint during an investigation or during disciplinary proceedings.

Yes  No

If "yes", attach a detailed explanation identifying each occasion, the date and the substance of the allegations, along with agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.

d. Has any legal or disciplinary action been filed against you, (including malpractice, etc.)?

If "yes", attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.

David Gillard

Signature

1-5-2010

Date

## **DECLARATION**

As the Person-in-Charge, I authorize the release of information concerning the record, character, license/registration history and competence of this facility, by anyone who might possess such information, to the Montana Board of Private Alternative Adolescent Residential or Outdoor Programs.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or incomplete answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for registration. I accept the rules and procedures outlined in these documents as the basis for this application.



Signature of Person-in-Charge

1-5-10

Date